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# DEPARTMENT OF NURSING EDUCATION<sup>1</sup>

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

## THE MODERN EDUCATION OF WOMEN FOR THE PROFESSION OF NURSING

BY RICHARD OLDING BEARD, M.D.

*University of Minnesota, Minneapolis*

**W**OMEN of the great nursing organizations of the country and guests: I want to say to you before I begin my formal address that if there is anything which your kind welcome suggests in the part that I have been able to play in the promotion of nursing education, I trace the influences upon which that part depends to two women of your profession, and those two women, Adelaide Nutting and Isabel Hampton Robb.

I am under some embarrassment in addressing you this afternoon, and for two reasons. First, I was given to understand, when the invitation to give this address came to me, that I was to address a section of the lay public, which I understand to be present, as well as the members of your organizations; and that puts me to the necessity of saying some things which to many of you, among those members, must seem trite, and with which I know you all heartily agree. And I shall ask your indulgence in the repetition of those things which you have so often heard, for the good of the cause in which the public must be interested.

If there are any amongst the members of your organization who do not fully appreciate the truth as it is in nursing today, I cherish the hope that

when we shall have got through with the exercises of this afternoon, with their wonderful illumination, so far, of the problems that present themselves to you, you will at least be brought over to the great majority of your profession in your appreciation and sympathy for these things. And if not, I would not be discouraged; for though some of us may pass on, I feel as sure as that the great sun will go down tonight in the golden west, the time will come when you will know and you will believe.

Another reason for my embarrassment is the fact that my address does not correspond to the title under which it is announced on your programme. I had been given to understand that I was to discuss the whole problem of nursing education, particularly for the sake of enlisting the co-operation of the public; and I do not believe that this can be done without taking the public very fully into our confidence. That has always seemed to me to be an absolute essential thing in attempting to secure public support. Our whole problem needs to be put before the public, and if there is any criticism I should care to make upon the nursing organizations in the past, it has been, I think, that they have not sufficiently instructed the people.

Education means so many and so varying things in so many different minds. It is sometimes easier to say what it is not, rather than what it is.

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<sup>1</sup> Read at the Wednesday afternoon session of the convention in Seattle.

If we are to determine, then, the part it plays or ought to play in the evolution of the profession of nursing it may be well for us to ask ourselves certain major questions and to apply the answers to them to present conditions.

1. What are the general purposes of education as a basic influence in human life?
2. What are the specific purposes of education as applied to the given profession?
3. What are the tests by which the evolution of a profession, as the product of education, may be determined?

1. Perhaps the primary purpose of education is to assist the individual in the realization of himself,—in the expression of his own individuality. It is a phase of education easily carried too far and resulting in an extreme of self-consciousness. Almost coincident with this object, and serving as a counter-check to its possible over-indulgence, is the purpose to promote the social consciousness of the individual as a member of a group, be it, in turn, the family, the school, or the community; in a word, to develop the embryo of good citizenship. It is a phase seldom carried far enough. Succeeding to this attempt to relate the individual to the social conditions of his life, comes in the quite definite purpose to fund within him a fair share of the knowledge,—of the intellectual possessions of his racial past,—to give him, as a result, the present racial starting-point of mental growth. Following closely upon this period of acquisition, obtains the purpose to apply knowledge to use,—fundamentally to the uses of his own

cultural development, to the functional exercise of his capacity to think, and eventually to the uses of the specific part he is to play in human affairs. Finally, we may recognize as the ultimate purpose of education the extension of the reasoning powers of the individual to his social relations, to an understanding of the intricate warp and woof of human society into which he is so mysteriously woven.

Out of that understanding grows sympathy. Youth is proverbially selfish only because it does not understand. It is only by the understanding of social relationship that we achieve a kinetic sympathy with our fellows. It is only through the knowledge of the brother we have seen that we appreciate the call of the great brotherhood of men, and come to some consciousness of the God and Father of us all. Only by the widening of the horizon of social relationship, only by a sense of the continuity of social history, does the human mind project itself into the infinities of the past and the infinities of the Great Forever.

If this be an adequate, though a concise review of the general purposes of education, can we find anything, either in its process or its results, that a member of the profession of nursing does not need? Is there any calling, entrusted with the responsibilities of hers, that has any greater need? Can you not see in her educational necessities something beyond the minimal requirements for entrance to a school of nursing? Is there not fair argument for the promotion of the recently projected courses, for nursing students, in Arts and Nursing? Is there any limit to be put upon the culture she may attain?

Is it not true that in direct ratio to the degree of her education is her capacity to participate in the solution of the present problems that perplex the leaders, the thinking women, of her profession? Why, because she is to serve as a nurse, should she be denied the intellectual heritage of her age? What is there in the kind of work she does that should limit her power and privilege to think? Does not her service demand of her the best that education may bestow?

And yet we hear so frequently, and I grieve to say more often than not from the lips of medical men, the complaint of the over-educated nurse. Who are *we* to question her birthright of education in a free land? Did any one ever hear of an over-educated physician? Dr. William H. Welch, of Johns Hopkins University, is the distinguished corroborator of the view that the nurse cannot be over-educated; that had she all the education of the doctor she would have none too much. In the address which I had the honor to make before the joint session of your national bodies in 1910, the date of the organization of the University School of Nursing, I stated this now reiterated truth, that no aspirant for nursing can be too educated, too wise, or too good.

Is it not true, further, that the faults which our associated profession and sometimes the clientele of the nurse find in her, in so far as these faults are justly found,—and sadly I say that some of them are conspicuously just,—are faults due to a want of sufficient breadth, faults that suggest the partially developed mind and the half emancipated soul? Friend of the nursing profession, lover of nurses, appre-

ciative of them, as a wonderful body of social workers, as I am,—I am constrained nevertheless to that honesty, to that sometimes brutal frankness, by which the teacher of the truth, as he sees it, must abide. The nurses I have known who have betrayed limitations, narrowness and self-seeking are under-educated women.

2. What are the specific purposes of education in the evolution of the profession of nursing? The reply to the question,—a very difficult one,—depends a good deal upon the present phase in the development of the profession to which specific education is to be applied. Had I faced the question ten or twenty years ago, the forthcoming answer might have been an altogether different one than we must find for it today. I might not have had the clarity of vision to see into the future of your calling. I might not have sensed the signs of coming change which were even then discernible and which now we look back upon as the faltering first steps in its later onrush towards its present goal. The profession of nursing is a vastly different thing now than it was then. And perhaps the major troubles you are having today are chargeable to the fact that neither the medical profession, as a whole, nor the people at large recognize this difference. They are thinking about nursing still in terms of the recent past. There is nothing strange about that. Civilized man dislikes change. He shuts his eyes to progress like a child shutting out the dark. Twilight hangs ahead of, as well as behind, most of us. We love the smoothness of the trodden ways. Not very many of us like to blaze a new trail.

Yet there is nothing to be found anywhere in the history of any profession that is at all comparable to the sunburst opening of the gates of opportunity that has so suddenly lifted the horizon of your present days. You have not swung those gates of opportunity open for yourselves, though you may have predetermined your fitness or unfitness to enter in. They have been swung by time and occasion, by experiences which have stirred in the American people an appreciation of its health needs; and the event has found your profession, for the most part, unprepared to meet it. Think, for a moment, of what their opening means, by way of opportunity, to you and to the human world in which you live and work. Before the war, but a few master minds, among men and women, had projected themselves into the possibilities of human betterment. Social agencies had been more or less feebly formed and had gropingly felt their way to the relief and prevention of existing ills; but they had found the social mind inert to the inadequate stimulus of interest in those prosperous days.

Much money and untold units of human energy had been expended in promoting the development, in studying the nutrition of dairy and beef cattle, of hogs, of poultry, and of crops for their feeding; and it all stood for financial gain; the golden image was the chief object of American, as it was of Israelitish idolatry. Lamentably little, often less than nothing, had been done toward the making of better human beings. The idea of bigness possessed us, bigness of wealth and population, the worship of the mere mass. We needed the iron test of human quality

and we got it. We needed to apply the criterion of capacity and we were compelled to it. We needed to measure fitness against force and history has recorded the result.

The unthought of, the well-nigh unthinkable experiences of the Great World War served to stab the consciousness of the American people broad awake to the value of the human health it had so long disregarded. They put before it inescapable evidence of the physical deterioration its rising generations had already suffered. They provided the necessary maximal stimulus to public health activity and it has operated in a score of differing directions to co-relational results.

And the significant fact about it, so far as you are concerned, is this: that today, in the service of these multiplied, coordinated and constantly extending activities, the nurse stands forth as their major instrument. The wealth of her opportunity is beyond measure; in this largely living present, her path to life, —more life, and fuller life,—is free.

Infant and child welfare work, public school hygiene, visiting nursing service, medical social service, rural community nursing, industrial nursing, superadded to her former field of private duty and hospital nursing, all invite her in. The demand of these new activities is for the graduate nurse, *plus*,—the super-educated nurse,—and but few of her are to be found. Nothing has served so pointedly to reveal the inadequacy of nursing education, to suggest the need of larger and more specific preparation for her work.

Graduate nurses have courageously tried to meet the emergency. None are so conscious as they of their own

limitations. Many of them are seeking reinforcement of their training in public health courses.

The National Organization for Public Health Nursing and the American Red Cross have done noble service in the selection of women best prepared for higher education, in the promotion of University public health teaching, and in the further kindling of an instructed public interest. Many of us are appalled by the news of the introduction into the House of Delegates of the American Medical Association, at its recent annual meeting, of resolutions calling upon the American Red Cross to abandon its peace programme of public health activities. The plea that its agency serves to check popular initiative and to lessen communal responsibility is unenlightened of the facts of its actual influence in the cultivation of public interest and cooperation. The suggestion that politics enters into these activities is specious. It enters into all our professional organizations and it is only a question of keeping the politics clean. Scarcely could any professional body propose an embargo upon progress in preventive medicine that would prove it more purblind to the public good. The voice of the country should be heard in immediate denial of this demand.

Certain it is that the public health peace programme of the American people will not be halted. Equally certain it is that the people need the stimulus and the guidance of so soundly instructed and so safely instructional an organization as the American Red Cross.

This proposed action upon the part of the American Medical Association is

the more to be regretted because the present need of a better understanding and a closer cooperation between the several agencies of preventive and curative medicine, between the professions of medicine and nursing and the public health bodies of the country, is very great.

Another influence which bears strongly upon the specific educational needs of the profession of nursing is the continually extending specialization of the science of medicine, carrying with it the higher specialization of nursing. There is a definite place, at the present time, for the pre-natal and obstetrical nurse, the pediatric nurse, the surgical nurse, the orthopedic nurse, the psychopathic nurse, as, with the development of the new mechanisms of medical practice, there is a call for the special hospital nurse, the office nurse and, especially, the group clinic nurse.

New things cannot come to pass without some of the old things passing away. Readjustment of new duties to new occasions is everywhere the order of the day and nowhere more so than in the preparation of the nurse alike for private and public service. The problems of nursing education have become imminent. They can no longer be considered solely in the light of the hospital's needs. Those economic needs must be conserved. In trying to build up one institution we must not pull down another. The efficiency of the hospital, as the ideal home of the sick, is too indispensable to the welfare of society to be imperiled. Its nursing service must be protected and improved; but no longer may the hospital or the hospital administrator dictate the conditions of the training of the nurse.

Nursing education must be considered for its own sake and I know of no way in which this may be so effectively done as by the University control of the school of nursing and of the nursing service of the teaching hospital. I know of no way by which nursing education may be standardized, by which undergraduate instruction may be correlated with graduate study, by which the science-teaching of the nursing student may be fitly conducted; by which courses may be so suitably graded, by which a complete and well-rounded training of the nurse may be uniformly secured; by which more broadly the foundations of nursing education may be built upon its efficient base,—save by an organic relationship in this educational field between the Universities and the major hospitals of the country.

For the future fitting education of the nurse there is growing need of a better quality, a better proportioned quantity, and a better ordered system of instruction than has been common in her educational past. This is equally true for the undergraduate, the graduate and the super-graduate nurse alike. While the majority of graduate nurses remain in private or hospital duty, and I am inclined to think it is a ripening experience that for a time is essential to every nurse, yet it is equally essential today that we should think of the graduate nurse as potentially the public health nurse or the institutional nurse in the making. Given the pre-requisite of fitness, we may not bar any from the invitation of her age to “go up higher.”

And now to go briefly into detail: More broadly, more efficiently must the foundational sciences of anatomy, physiology, bacteriology and immunity, as

applied to the human subject; of chemistry and pharmacology, as inclusive of all phases of disease prevention and cure, be taught to the student of nursing. Instruction in these fundamental sciences cannot be fitly given in the intervals of hospital training; it cannot be fitly given by any other than the expert teacher in each study. The ridiculous vaudeville of teaching, common in the public school grades, should no longer be imitated in schools of nursing. These foundational subjects should be assigned to a preliminary course period, during which the student's mind may be concentrated mainly upon science study and her fitness for nursing tested by her adaptability to that study. They should be taught in the science departments of college or university, where alone expert teachers of them may be found. So taught they will have their full value as cultural and humanizing studies, creative of a substratum of interest in the human subject with whom the student is presently to be concerned.

Very naturally this question has a bearing upon the consideration of courses in nursing education, planned for the education of nurses to be teachers of nursing principally in hospital schools. These courses need revision to bring them up to University requirements. They should have certain definite objectives:

1. To give the prospective teacher a thorough knowledge, psychologically and sociologically, of the human being she is to teach.

2. To cultivate in her the gift of communicability, of approach to the student mind, of appeal to the varying human nature of her pupils.

3. To train her in methods of instruction and in the instructional use of the materials of teaching.

4. To adapt her knowledge of method and material to the teaching of those subjects in nursing education in which she is properly expert. These should not include the sciences, fundamental in medicine and nursing, unless, indeed, she is of academic, biologic and medical training,—in a word, unless she has the acquired background of an expert in any given science. And not even the expert in any one of these major subjects undertakes to teach in any other than his own adopted field. The vaudeville science teacher is the *reductio ad absurdum* of nursing education.

Practical nursing, history and ethics of nursing, personal hygiene, hospital economics and administration, are the general subjects in which the nurse, as a teacher, is preeminently the expert; while in the specialties of medicine, there are nursing specialists of teaching power equal to that of the clinician.

Equally is it true that the undergraduate courses in schools of nursing, which are commonly interwoven with the training of the nurse in the technique of nursing, should be given by the expert teacher, and this means the specialist in each subject. It is just as absurd to expect the general practitioner of medicine, *rara avis* and growing rarer, as he is today, to fitly teach the principles of nursing in medicine, surgery, obstetrics, and the several specialties, as it is to employ the teaching nurse to teach the fundamental sciences. With us, all such clinical teachers are assigned to their task by the heads of the faculty departments concerned, and

it is not uncommon for the chief to share the duty himself as a matter of choice.

The graduate nurses who have charge of departmental wards or hospital floors, and who undertake the teaching of student nurses, should be a group carefully selected for their teaching power. In the University school, they have faculty rank. Under our University system, such an instructor attends, with the classes, all lectures in the theory of nursing given by the medical faculty in each departmental subject, and after each lecture she conducts a nursing clinic in the wards, in demonstration of the methods of treatment the lecturer has laid down.

In addition to these practical demonstrations, senior nursing students on the wards attend daily and general rounds, with the medical students, internes and staff.

The study of the technique of nursing, carefully graded in each service, and arranged for in progressive services, should give the student a practical experience both varied and complete. In hospital schools incapable of covering the whole technique of nursing education, the three-year course is too long. It may the better serve the economic needs of the hospital, but it does not serve the educational needs of the pupil-nurse. There is an essential difference between training and education. I wish that we might abandon the term training school. It is the analogue of the trade school. A too repetitional training in technique narrows the nurse,—sharpens her to the point of a mere instrument; while a well-ordered, systematized education develops mental breadth and posits the capacity to think.



In a three-year graded course in the technique of nursing there is ample time to add to the major services in medicine, surgery, pediatrics and obstetrics, to the clinics of the operating and dressing rooms, to the drill of the diet kitchen, the whole series of special services in the care of the newborn, in gynecology, ophthalmology and otolaryngology, genito-urinary diseases, orthopedics, contagious diseases, tuberculosis, alike in hospital and sanatorium, with attendance upon the dispensary clinics and in the hospital emergency wards.

Such a course should offer the student a certain choice of electives, to which, under a limit of numbers, she may be admitted. Among these may be included nursing in the dental clinic, the pre-natal clinic, and the psychopathic clinic; a period of study in the medical social service department, and a fundamental course in the principles of public health nursing, or in the administrative control of ward, floor, or institutional services.

Students should have the advantage of contact with all sorts and conditions

of men, women and children,—an advantage to be attained only in the successive nursing of the indigent, the *per diem* patient and the private patient.

It goes without saying that such a course in the technique of nursing is attainable only in the University, with its attached teaching hospital, or in the strictly major hospital school. While the migration of students from one institution to another has merit as a device for making up, in a measure, the deficiencies of education in either, it is the merit only of compromise with existing conditions.

A sterling quality of the University School of Nursing lies in the added dignity, the larger privilege, the better discipline of the student. She stands upon a par with all other University registrants; she shares in all the social activities and agencies of the Campus; she comes under student government, which means a relaxation of the old martinet discipline of the training schools, a fuller measure of individual freedom, with a higher sense of responsibility for her own conduct and that of others.

(To be continued)

## WHO'S WHO IN THE NURSING WORLD

### XIV. MARY CURTIS WHEELER

**BIRTHPLACE:** Brooklyn, N. Y. **PARENTAGE:** American. **PRELIMINARY EDUCATION:** Grade schools, New York City; country schools, Wisconsin; high school, Ripon, Wis. **COLLEGE:** Ripon College, 1890; B.A., 1920. **PROFESSIONAL EDUCATION:** Illinois Training School for Nurses, Chicago, 1893; medical dissection, Ann Arbor, Mich.; Hospital Economics Course, Teachers College, 1904. **POSITIONS HELD:** Superintendent Sherman Hospital, Elgin, Ill., 1893-1899; Superintendent Blessing Hospital, Quincy, Ill., 1899-1910; Secretary Illinois State Board of Nurse Examiners, 1911-1913; Superintendent Illinois Training School for Nurses, 1913 to the present time. **OFFICES HELD:** President National League of Nursing Education, 1911-1913; Director National League of Nursing Education; Director American Nurses' Association; President Illinois Training School Alumnae Association. **AUTHOR OF:** Nursing Technic. **PRESENT ADDRESS:** Illinois Training School for Nurses, 509 South Honore St., Chicago.